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ORIGINAL DEPARTMENT.

Communications.

CASE OF PLACENTA PRÆVIA.

By WM. C. SHURLOCK, M.D.,
Of Darlington, Pa.

Mrs. S., æt. 29, wife of Rev. S., went to Pittsburgh, Pa., on the 8th ultimo. She was at that time about eight months pregnant. On the night of the 9th ult. she was taken suddenly, (without pain,) with severe uterine hemorrhage; she says, "that more than one quart of blood was lost at that time." In a few days after she seemed quite well, and again returned home near the town of D., and, as usual, went about doing her work in the house.

On the 31st ult. she again had another attack of uterine hemorrhage, accompanied with slight pain in the back. I was called to see her about one hour after the hemorrhage commenced, and I am fully satisfied that she lost one quart of blood at that time. It ceased in about four hours from the time it commenced.

I made a per vaginam examination, but could not detect any dilatation of the os uteri. As a cause of the hemorrhage, I suspected an attachment of the placenta over the uteri, and that some detachment of the utero placental surface had taken place, and I feared when labor came on, that it would be one of placenta prævia, and so expressed myself to her husband. Hemorrhage again recurred on the 5th inst., when she lost about the same quantity of blood as before.

On the 8th inst., at 12 o'clock, A.M., she was taken with labor. I was called to see her the same day, at 3 o'clock, P.M. I found her having labor pains every 15 minutes. I made inquiry if she was having any hemorrhage. She informed me it was slight. I made a per vaginam examination; found the os uteri dilated the size of a silver dollar, and a soft, pulpy mass presenting, which, when I touched, caused severe hemorrhage. This hemorrhage continued at intervals of half an hour, till 8 o'clock, P.M., when

the labor pains gradually increased in severity. I made another per vaginam examination; found almost complete dilatation of the os uteri, and to my horror, I discovered that my former fears was a reality;—the *placenta was presenting*, and that I had to deal with one of those terrible cases of *placenta prævia*.

The hemorrhage was now continuous and profuse, and the patient's strength began to fail. Knowing that time was valuable in this case, and that a speedy delivery was indicated, I at once proceeded to deliver her with forceps. At first I met with great resistance, because of the placenta presenting, and filling up the entire mouth of the uterus, which prevented the successful introduction of the left-hand blade of the forceps, so as to allow them to lock; finally, I removed the forceps, and with my index finger of the right hand, with the nail out like the teeth of a saw, I tore through the placenta in an antero-posterior direction, to the distance of about three and a half inches, through which rent in the placenta I introduced the forceps, and in a few moments I had the pleasure of succeeding in adjusting them upon the *fœtal head*, so that I had no further difficulty in locking them. Her pains now became more severe, and having by the aid of the forceps complete control over the fœtus, I at once delivered her of a *living female child*. In about five minutes after the placenta came away, the uterus contracted firmly, and all hemorrhage ceased, much to my satisfaction; after which I applied the bandage, and placed her comfortably in bed. I gave her one-half grain of morphia sulphas, which quieted the nervous system. I remained with her for three hours, when all seemed to be well. I left her for the night. I visited her the next day, found that she and the child were both doing well, and at the writing of this article she is able to be up all day.

Such is the history and the result of my first case of placenta prævia, in an experience of ten years' practice, and I pray God that I may never have a similar one, while I continue in the practice of obstetrics. Should any of the readers of your valuable journal ever meet with a similar

case, I would advise, so soon as the dilatation of the os uteri is sufficiently progressed, to at once break through the placenta, as I did in this case, with the right index finger, apply the forceps through the rent, and deliver the fetus at once. If the accoucheur will thus act *promptly*, it is my firm opinion, that in all cases of placenta prævia life can be saved to both mother and child.

While speaking of forceps in connection with this case, I wish to say to the profession, that I use DAVIE's short forceps, modified by myself in 1859, and made to my order by Messrs. CARTWRIGHT & FOURG, of Pittsburgh, Pa. The improvement over the old style consists in making the shank one and a half inches longer, which will allow their use in either strait of the pelvis, and permit them to lock without the external genitalia. I also give them one-half inch more of pelvic curve, which facilitates their introduction, and make the fenestra one fourth of an inch longer at the expense of the blade, which makes them lighter, and causes them to hold more firmly, and thus prevent slipping off, when once properly applied.

April 22d, 1869.

POISONING BY TINCT. FERRI CHLORIDI.

REPORTED BY J. R. HIENS, M. D.,

Of Vicksburg, Miss.

I was called on the 14th of November, 1868, to see Mrs. D., of this city, who was ill from congestive chill, from which she had not reacted. After considerable labor, reaction was established, and general heat restored. Prescribed for the patient, and was passing from the house, when I was recalled, and informed by my patient that she was "flooding." On examination, discovered copious hemorrhage from the uterus; uterus is impregnated; had recently had her menses.

I ordered cold applications to the abdomen, and the following: R. Tinct. ferri chloridi, $\mathfrak{zss.}$; aquæ, $\mathfrak{zvijs.}$, M.; with directions to use as an injection.

A few hours later I was hurriedly summoned again, the husband informing me that his wife had convulsions, and complained that she was burning up.

On arriving at the house, and making inquiry, I found that the injection had not been used in the uterus, but introduced into the rectum; a most ludicrous and unaccountable mistake. I at once perceived that I had to deal with a case of poisoning from muriated tincture of iron. The patient complained of burning throughout the

whole course of the plenary canal, violent spasms of the muscles of the hands and feet, great restlessness, and intense thirst; had one convulsion after my arrival.

Ordered copious enemata of flaxseed tea, adding an alkali; gave alkalies by the mouth, and a large dose of castor-oil, which was soon followed by free evacuation of the contents of the bowels, of a very dark and offensive character, which afforded much relief. Gave mucilaginous drinks; continued the use of alkalies. Patient recovered. Burning sensation in the rectum and anus continued for several days.

THE USE OF THE SILVER UTERINE SUPPORTER IN THREE CASES OF DISPLACEMENT OF THE UTERUS.

BY S. P. CRAWFORD, M. D.,

Of Greenville, Tenn.

Case 1st. Mrs. G., had labored under prolapsus, with ulceration of the os, for more than two years. A portion of that time confined to her bed, and at no time able to be out of her room or upon her feet but a short time. Suffered with distressing pains in her back, hips, and thighs. I cauterized and used sponge-tent with temporary relief, but any attempt to walk or engage in any physical exercise brought back distressing pains, and in a few days the case was as bad as ever.

Three weeks ago I applied Dr. L. A. BABCOCK's silver uterine supporter, which at once gave relief to all pain in the back, hips, and thighs. There was an ulcer on the os, with considerable discharge, when I applied it. The second day, I removed the instrument, cauterized the ulcer with nit. argent., and again adjusted the instrument. The ulcer at once healed, and the discharge ceased, and my patient is free from all suffering, has improved in flesh, and says she feels as well as she ever did in her life. She walks about all day, without inconvenience, and walks to town, visiting her old friends, astonishing them, for her visits seem like those of one from the tomb, so unexpected and unlooked for was her recovery.

Case 2d. Mrs. W., had anteversion. The uterus was so displaced that its longitudinal axis formed an angle with the axis of the pelvis, the upper portion of the organ deviating anteriorly, the lower posteriorly; the fundus pressing against the bladder had caused so much soreness and inflammation that she could not bear any manipulations to restore the uterus to its normal position. I applied Dr. BABCOCK's silver uterine

supporter, not trying to put the cup on to the cervix, but let it gently touch the walls of the uterus, to see what power the instrument would have to contract the muscles by its electric action. The next day I found the position of the uterus very much improved, so that I could get the cup to its place and continue its use. The irritation of the bladder soon wore off, and in ten days' time the womb assumed its natural position, and the patient was cured.

Case 3d. Mrs. B., had retroversion, with fundus in hollow of sacrum; much enlargement and soreness, with extreme leucorrhœal discharge. I treated the case with Dr. BABCOCK'S silver supporter, using a large cup with a short stem, and found the happiest results after twenty days' constant application of the instrument. Though, in this case, the application of the instrument was painful for the first two days, until the fundus was brought up out of the hollow of the sacrum, then it was worn with ease and comfort.

A CASE OF CANCER.

By Drs. JACOB RITTER AND JAMES H. CASE.

The above subject was the wife of Dr. T. G. MORRIS, of Liverpool, Perry county, Pennsylvania, who died April 21st, 1869, aged 47 years, 11 months, and 13 days. This excellent lady (for such she was) suffered very much for a few years, and especially for the last three months, from a tumor in her right iliac region. The most scientific and skilled physicians were called in, but failed to properly diagnose the tumor; some supposed it to be an ovarian tumor or cancer of the uterus; some a displacement of the liver, or right kidney; others a case of hydatid. The general conclusion was an iliac cancerous tumor, of large dimensions. The best skill proved unavailing. She died on the 21st., inst. Fifty-two hours after her death a post-mortem examination was permitted. Drs. present, JAMES H. CASE, JACOB RITTER, J. B. EBY, and G. RUTER, all of Perry county, Pennsylvania. The abdomen being laid open by CASE and RITTER, a cancerous tumor about the size of a child's head, presented itself, supposed to weigh about three pounds. It occupied the right iliac and inguinal region, and adhered in front to the peritoneum and walls of the abdomen, some five inches in length, and extending through the lumbar region back to the right kidney, where it was firmly attached, embracing its lower third. It also adhered underneath the kidney, to the spi-

nal column, (firmly upwards) for about six inches. A part of this tumor branched out and adhered to this colon, which was in part absorbed. By making pressure on the tumor one could force out soft pulpy or cancerous matter; on cutting into the same, it was found to contain cells, and to be of the encephaloid, or soft variety. The bowels were in a congested state. The liver was healthy, except the lower lobe which was slightly indurated. The kidney also, save that portion involved in the cancerous tumor, which was congested. The ova or ovarium were normal and healthy, as was the uterus. The probability is, that this cancer was coming on slowly for some years, and only took on growth rapidly the last three or four months, which gave the most excruciating pain, such as could not be palliated to any extent, with morphine, or any class of narcotics nor anodynes, though given freely in every possible form. But amidst the acute pain the bright virtues of Christian patience and endurance was manifested, she lived and died a Christian. The strongest probability is, that this cancer originated in the colon. It seemed to be a part and parcel of the tumor.

The Australian Disease.

A correspondent sends us the following extract from the diary of Brother HEISSEL, a missionary in Ramahyuck, Gippsland, Australia, and asks us to "make something out of it."

October 1st.—We had again five scholars, and feel encouraged with this slight progress. The Lutheran missionaries have thirteen, who have come from the western district; they receive food and clothing, and sleep at night in the school-room, that they may be as little as possible tainted by their parents' vicious habits.

3d.—Two well-known chieftains made their appearance, and begged for flour, tea, and sugar. One of our former scholars presented himself again, and I am sorry to see in him all the symptoms of that peculiar lameness, which makes cripples of not a few of the blacks; they raise their legs high in walking as if they were in a hurry to get forward, but were prevented by some one holding them back, and they stumble over the slightest obstacle in the way.

We take this to be the earlier symptoms of that peculiar marasmus which destroys so many of the natives of Australia. The muscles undergo gradual atrophy, until the patient appears like a living skeleton. The appetite continues, and a remarkable degree of strength is retained, but finally death is certain. We have seen this disease described by various non-medical travellers, but do not remember any post-mortem examinations reported. It is said to be contagious.

A URETHRAL APPLICATOR AND UNIVERSAL SHOWERING SYRINGE.

By A. G. FIELD, M.D.,
Of Des Moines, Iowa.

The following described instrument was devised for the purpose of bringing topical applications more effectually and uniformly upon the urethral mucous membrane than the usual methods of employing injections admits of.

In an effort to study some of the pathological conditions of that canal during the past year by ocular inspection with the endoscope, my attention has been attracted by the constancy of the maculose appearances of the mucous membrane, tumefied blotches, circumscribed patches of abrasion, stricture. etc., in cases of blennorrhœa, and other obstinate maladies of the part. These conditions as their history shows, are usually the extension or sequelæ of less circumscribed disease, involving at first only the mucous membrane, and suggest inefficiency or misapplication of treatment which has simply modified the preceding form, or eradicated it from a portion only of the tissues involved.

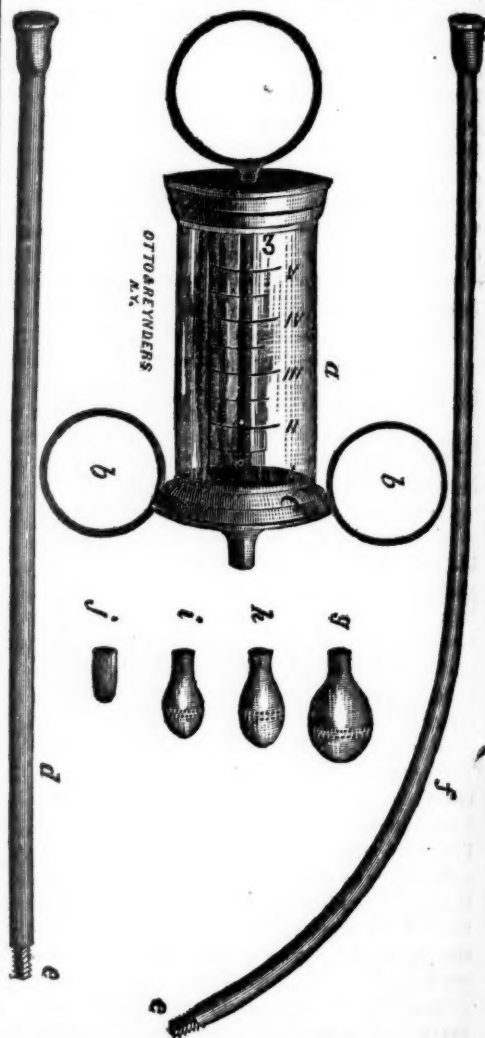
Without considering the varieties of one-third injections, the indications for the use of them, or their comparative value as an adjunct to other treatment, our object is merely to invite attention to the manner of using them.

The inferences, from a contemplation of the prominences and fossæ, sinuses and longitudinal folds of the urethral mucous membrane in its quiescent condition, together with the usual mode of employing injections, seems to afford a starting point for a solution of the difficulty, and to present the importance of overcoming these irregularities by distending the canal sufficiently to constitute its walls as nearly as possible, smooth and even surfaces in the use of local applications. For this purpose Dr. M. S. BUTTLES invented and has used with success a syringe, the nozzle of which is provided with prongs on either side, which being introduced with the nozzle dilate the canal while the injection is thrown into it. See *Medical Record*, vol. 11, page 575.

With the instrument hereafter described, all parts of the urethra can be reached with equal facility. It is operated with one hand and adapted to a variety of conditions. The point most suitable having been attached,

and the syringe sufficiently filled with the injection to be used, a bulb of proper size for the urethra is attached to the point, and the injection forced into it. The urethra having been previously cleared by micturition, the bulb point is to be introduced into it as far back as the disease extends, and the syringe gradually discharged as the point is slowly withdrawn.

This instrument has been so far used with very satisfactory results. But as its real value can be de-



termined only by a more general and extended use of it, others interested and having larger opportunities may feel disposed to give it a trial, as a help not only in obviating some protracted diseases of the urethra, but in facilitating the cure of them in their most obstinate forms.

The value of the instrument, however, is not entirely confined to the use for which it was originally designed. As a UNIVERSAL SHOWERING SYRINGE it has in my hands superseded to some extent the use of probangs, caustic holders, spray tubes, etc., in the treatment of diseases of other canals and cavities of the human body.

The figure marked (a) is designed to represent a strong glass 3 v. syringe, two and one-half inches in length, and graduated.

The rings (b) (b) are attached to the metallic cap (c) for support as represented. The point or tube (d) is straight, and is six inches in length; and the point (f) is curved in its terminal two-thirds, and is nine inches in length. Both are of the size of a No. 4 bougie, and are terminated at (e) (e) by screws for the attachment of the oblong globular bulbs (g) (h) (i) and (j), which are perforated in their lesser circumferences by numerous minute holes, 1-50 inches or less in diameter, except (j), which is perforated only at the distal extremity. They correspond in size to Nos. 4, 6, 8, and 10 bougies, and are all adapted to either point or tube (d) and (f). The tubes or points are attached to the syringe by means of a screw, and a sliding gage adapted to either point, is useful in locating the application at any given distance within the orifice of a canal or cavity.

The metallic part of the instrument is of pure silver, but its range of usefulness would be somewhat extended by using some still less corrosive metal.

Medical Societies.

BROWN COUNTY MEDICAL SOCIETY.

Georgetown, O., April 14th, 1869.

The Brown County Medical Society met, pursuant to a call of President and Secretary, published in the County papers. The minutes of the previous meeting were read and approved.

Several very interesting cases were reported and fully discussed. Some of the cases were of unusual interest, and during the discussion excited by them, a complete interchange of opinion was had.

On motion, Dr. E. R. BELL and W. W. ELLSBERRY were appointed delegates to the American Medical Association to meet in New Orleans in May 1869, and Drs D. GOULD, Y. STEPHENSON, J. N. SALISBURY and J. L. WYLIE, were appointed delegates to the Ohio State Medical Society.

Dr. A. N. WYLIE offered a resolution which was unanimously adopted, to the effect that mem-

bers of the society shall exact full fees for medical attention on all ministers and their families, who so far forget their obligations to their profession, to society, and to science, as to become advisers in the interest of irregular practitioners, thus jeopardizing the health and lives of good citizens.

Dr. STEPHENSON offered a resolution in relation to the proposed Geological Survey of the State, which was unanimously adapted.

On motion, the society then adjourned to meet in Ripley on the third Wednesday of May next, at ten o'clock, A. M.

THOMAS W. GORDON, *Secretary.*

EDITORIAL DEPARTMENT.

Periscope.

A Long Fast.

A case of a young girl who is said to have fasted for the last seventeen months, is thus reported on by J. LEWIS, M. D., of Carmarthen, in the *Brit. Med. Journal*:

Sarah Jacobs, aged 12 on the 17th of this month, is the daughter of a farmer residing in the parish of Llanfihangel-ar-Arth, Carmarthen-shire, and is the third child in a family of seven. All the other children are healthy. The farm is situated in a valley having a south aspect, and it is near the lower part of the valley. There is humid land on the west side of the house. The house itself is straw-thatched, with one story. The room occupied by the girl is on the ground floor, and is of moderate size. The floor is of mortar composition, and is not covered with boards or matting. There are two bedsteads in the room—one occupied by the girl's parents, and the other by herself. Her bedstead is rather low, and so placed in the room that no direct light falls on the girl; and this has been the position of the bed for the last twelve months. There has not been any fire in the bedroom from the commencement of her illness.

The alleged facts respecting this girl are, that she has not swallowed any food whatever since October 10th, 1867; and that she has not swallowed any water or any other fluid since the end of December, 1867.

Previous History of Sarah Jacobs.—She was healthy as a child, and remained so until February, 1866. At that time she passed through an attack of scarlatina, which spread through the family; and, although no medical treatment was

adopted, all of the children recovered. After about a fortnight's confinement to the house, she was quite well, and went to a neighboring school. About February 15th, 1867, she first complained of pain in the epigastric region; and one morning, on getting up, she complained to her mother of having some frothy, bloody fluid in her mouth. What the source of this was, could not be ascertained. On Sunday, February 17th, the epigastric pain, which was chiefly in the left side, became agonizing, and continued until the evening, when, after taking some remedies ordered by Mr. DAVIES of Llandyssil, she was relieved. She has never left her bed since this severe attack. For a fortnight afterward she complained still of epigastric pain, but did not lose consciousness. At the end of a fortnight from the commencement of her illness, she began to suffer from convulsive attacks, which, from the description given, were epileptic. During the fits the body was arched forward very considerably, the centre of the spine being very much raised from the bed. After continuing for a short time in a state of opisthotonos, the muscular spasm suddenly ceased, and she fell flat on the bed again. For a whole month she continued in a state of unconsciousness, suffering from constant repetitions of severe convulsive attacks, during which time she took little food. At the end of the month she seemed to recover natural consciousness, and asked for food. From this time the fits ceased to be of the convulsive type; they were simply temporary loss of consciousness, with sudden awakings. For a month she partook of rice and milk, and a preparation of oat-meal and milk, in fair quantities. She then gradually declined in her desire for food until August of the same year, when she took only small quantities of boiled apple and milk. Thus she continued until the 10th of the following October (1867), when she ceased to take any food whatever. From this date to the following Christmas, she was given small quantities of water, in the course of the day amounting to only a few teaspoonfuls; but, since the end of December, 1867, she has not swallowed any fluid. Occasionally, after coming out of her attacks, a little water is applied to her lips; but even this has not been done for the space of nine days. Since she has ceased to take any food, she has not suffered from any intercurrent attacks of illness, saving a few herpetic eruptions on her lip, and an occasional headache. The last time her bowels were moved was on November 6th, 1867. She continued to pass some urine for about a month after this, and then she ceased to pass any until

August, 1868, when she was found occasionally to wet the blanket—about twice a week—with a small stain. She has had no secretion from the nostrils; and the skin has had no sensible perspiration, except on the hands and feet, which feel moist. In May, 1867, she lost all her hair; but since then it has been entirely reproduced, and is now long. Her second dentition has been completed during her illness, and she has grown in length during this time.

State on April 7th, 1869. She was lying in a low bed, on her back, the shoulders and head slightly raised, and her right arm outside the clothes, which she moved at will. Her face was not emaciated, but moderately full, with slight flush on the cheeks, and the nose and color of lips natural; her features were perfect and good looking; the skin of her face generally was healthy; her front teeth were normal, and it was said that the remainder were so, though I did not see them. She was not able to open her mouth; she never put out the tongue. The temperature of the forehead was natural; her eyes were bright; the irides of hazel brown color. The general aspect of her face was that of being delicate, not cachectic. As her examination required to be proceeded with cautiously, her body was not uncovered, but my hand was applied immediately to the front of the chest and the abdomen. The skin covering these parts was warm; there was no excessive emaciation felt; the abdomen was not depressed, but was of the usual position of a slender child. Occasional, flatulent, rumbling noises were heard in the abdomen. The whole of the right arm was seen, and the legs; the color and texture of the skin on these parts were healthy; the hand looked delicate, and the nails well formed. The length of the right forearm and hand, from the point of the elbow to the end of the middle finger, was 14 inches; from the point of the elbow to the carpal end of the ulna, was 8 inches; the girth of the middle of the arm, 7 inches, and of the middle of the forearm, 6½ inches; the length of the whole body was 4 feet 8 inches, measured with a tape. The respiration was natural; 17 inspirations in the minute. The superficial breadth of the chest, across the level of the mammæ, was 10 inches. The pulse was feeble, but distinct and variable, from 100 to 108 per minute. The temperature in the axilla, after three minute's rest, was 95°; the temperature of the feet rather low. She sleeps well every night, from six to eight hours, but she does not sleep in the day. She is cheerful in her disposition. I heard her read aloud a Welsh hymn; her voice was plaintive, but mod-

erately loud and distinct. During my visit, she had three or four attacks of unconsciousness; one was caused by the barking of a dog; she partially closed the eyelids, and remained perfectly still; the color of the face was not altered. After two or three minutes, she heaved a sigh, made a slight sound, and seemed like one suddenly awaking from sleep.

She is once a day removed from one bed to another, for the purpose of shaking her bed; during this time she remains in a state of unconsciousness, or what they call "a fit," and does not recover until replaced in her own bed. She is clothed in a colored flannel and calico night-dress.

Neuralgia of the Face.

The following extract is from a lecture delivered before the Union Dental Association at Toronto, by Dr. WM. CANNIFF, and published in the *Canada Journal of Dental Science*.

Neuralgia, or irritation of the dental nerve, is often the cause of mydriasis or dilatation of the pupil. Likewise the various muscles of the eye have been found paralysed in cases of wound of the infra, or supra orbital nerves, or in cases of neuralgia. Cases of hemiplegia, that is, paralysis of one side of the body, are recorded, in which the disease was limited to a part of a limb, as the face, or the eye, due to tic douloureux. Dr. SHEARMAN mentions a case of hemiplegia of the right limbs, caused by neuralgia of the right inferior maxillary nerve. BROWN-SÉQUARD records seventeen cases of hemiplegia from morbid reflex action, due to irritation of the fifth nerve near its origin, or of the crus cerebelli. Almost every physician has met with cases of hemiplegia, caused by a diseased tooth, which was entirely removed by the extraction of the tooth.

Anæsthesia, loss of sensation, is not a rare thing from morbid reflex action. One whole side of the face has been repeatedly affected, which was due to neuralgia of the trifacial nerves of the same side. BROWN-SÉQUARD mentions a case of anæsthesia of part of the forehead and face, in consequence of the irritation of a branch of the fifth pair on the cheek bone by a bruise. I might continue to enumerate instances of morbid reflex action and sensation, in connection with the fifth pair of nerves, such as amaurosis, where there is diminution or complete loss of sight, without any external mark thereof, the optic nerve or retina being affected. This is a not uncommon result by reflex action, of diseases of the supra-orbital or infra-orbital nerve, especially neuralgia; also, after injuries

of those nerves. Many cases are recorded in which amaurosis is cured by curing the neuralgia. Indeed, there is no nerve which possesses so much power to cause reflex morbid function as the fifth pair. This is, of course, due to the extensive nature of the distribution of this pair, as well as its numerous anastomoses.

Neuralgia, or tic douloureux, is a term often used, without, perhaps, any specific idea as to its purport. Neuralgia is characterized principally by acute pain, sudden in its onset and disappearance. It is due to pathological irritation of the nerve, by which the component elements of a nerve trunk are disturbed, and thereby incapacitated to carefully discharge their duty. It is akin to inflammatory action. Now the primary irritation may exist in the trunk of the nerve, or at the periphery of one of its branches. One of the most common sources of neuralgia is in connection with the fifth nerve, and it is very frequently seen arising in a small dental nerve where the tooth is decayed. Consequently, neuralgia of the face is by far the most ordinarily met with by the surgeon and the dentist. But neuralgia of the fifth nerve may be produced by other causes. It may be the result of irritation in other nerves, while, also, an irritation of the nerves of the jaws may cause a neuralgia elsewhere than in the face. A few instances may be given:—Tumors on the head pressing upon a nerve have caused neuralgia, and the removal of the tumor effectually cured the disease. An injury to a nerve in one side of the body has produced neuralgia upon the other side. Neuralgia of the left temple has resulted from a severe cut over the right parietal bone. Cases are recorded in which there was neuralgia of the arm, caused by an irritation of the dental nerve from a decayed tooth. These were always cured by the extraction of the decayed tooth. A tumor upon the inferior dental nerve has caused facial neuralgia. Dr. GREEN, of New York, has, by removal of such tumor, cured the neuralgia. Repeatedly, division, or excision of a portion of the orbital nerve has removed neuralgia—sometimes of years standing. Burns, and the resulting cicatrix, as well as wounds, have caused neuralgia, which nothing but excision would remove.

Neuralgia is very likely to lead to alterations in nutrition; not alone of the soft parts, but in the teeth. In all cases where there is disease of a dental nerve during the period of growth, there will result defective formation of the tooth. And at any period of life it will impair their integrity, and tend to decay.

In like manner deranged action of the nerve

may cause morbid secretion, or completely arrest it, as of the saliva. It may induce cataract as well. These morbid secondary results may remain there after the primary and secondary causes have passed away, or have been cured, even after a portion of the nerve has been removed.

Again, neuralgia may lead to, or cause grayness of the hair, or some affection of the ear. Not unfrequently, neuralgia is complicated with hysteria, a protean malady of constant occurrence. Instances are recorded in which hysteria succeeded facial neuralgia, and came on regularly at the same hour of the day as the neuralgia had. Now here is an affection of the fifth nerve, extending to the nerve centre, beyond the origin of the roots. Similar cases are mentioned, in which there was an exchange of a peripheral, or a central disorder. For instance, neuralgia will sometimes terminate in mania, or melancholia; occasionally the one will alternate with the other. An interesting case is mentioned by a German writer, of neuralgia of the left fifth nerve, which was followed by sensations of distress, a special feature of which was that the patient had not room enough; that everything around him was getting narrower, and converging toward him; the walls seemed to be closing together round him, and the ceiling to be sinking down. If in the street, he appeared to be entering into a *cul de sac*, while crowds of people seemed to be pressing toward him. Here we have reflected action characterized by abnormal ideas. The irritation of the nerve excites parts of the brain, which are not involved in the neuralgia itself, just as we have in some cases, morbid co-sensations, in this we have morbid co-ideas, as result of the hyperesthesia of the fifth nerve.

Cohnheim's Theory.

Professor KOLOMAN BALOGH, of Pesth, denies the correctness of the conclusions drawn by WALLER in 1846, and COHNHEIM in 1867, on the identity of the white blood-corpuscles and pus-corpuscles. He does not believe that the white corpuscles pass out of the uninjured capillary walls; and did not succeed in observing their "amoeboid movements," although he made many careful microscopical examinations. He says that the theory revived with so much *eclat* by COHNHEIM is destined to sink into oblivion, as did the original one of WALLER. (*Virchow's Archiv*, November 5th, 1868.) As his experiments were made only on the mesentery of frogs, the inflammation being induced by exposure to

the air, and as COHNHEIM's apparently conclusive arguments receive greatest support from observations in ceratitis, the corneal tissue possessing many advantages for the study, we hope that Dr. BALOGH's negative testimony may prove to be incorrect. COHNHEIM's theory, once thoroughly established in truth, contains the germs of such improvements in our knowledge of pathology that we would reluctantly see it pass away as a mere chimera.

A. A. H.

Remedy for Whooping Cough.

An experienced practitioner, in an article published in the *Canada Medical Journal*, says that the following prescription for whooping cough is the best he has met with:

R. Ammon bromid.,	℥i.
Acid hydrocyan. dil.,	℥xx.
Tinct. sem. stramonii,	℥xx.
Water and syrup,	℥iv. M.

A teaspoonful three times daily to a child two years old, will often relieve in twenty-four hours. Two or three grains of the bromide of ammonia may be given three times daily.—*Med. Record*.

Reviews and Book Notices.

NOTES ON BOOKS.

"Public Parks; their effects upon the Moral, Physical and Sanitary Condition of the Inhabitants of large cities; with special reference to the City of Chicago," is the title of a pamphlet of about a hundred pages by Dr. JOHN H. RAUCH, the sanitary superintendent and registrar of vital statistics of that city (S. G. GREGG & Co. publishers.) It was prepared in compliance with a resolution of the Chicago Academy of Sciences, and read before this body at a recent meeting. The facts it contains in regard to the history, value and extent of parks in cities are of interest to every municipality, and especially deserving attention in our western country where so many cities are in process of formation. Received through Dr. NAPHEGYI.

The literature of the transfusion of blood has been enriched by an essay of 157 pages by Dr. L. VON BELINA-SWIONTKOWSKI, of Heidelberg, entitled "Die Transfusion des Blutes in physiologischer und medicinischer Beziehung." It is embellished with a number of wood cuts. This subject has just now additional interest from the fact that at least two operations of successful transfusion have been performed in this city, quite recently, showing the value of the procedure beyond doubt.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 15, 1869.

A. W. BUTLER, M.D., & D. G. BRINTON, M.D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical* brief as possible to do justice to the subject, and *carefully* prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE INTERMARRIAGE OF RELATIVES.

Nearly all the Indians of North America were divided into clans, or, as they were called by the Algonkins, *totems*, the genealogies of which were scrupulously preserved in the *female* line. No person could marry in their own totem, and it was currently believed that if this rule was violated, serious physical consequences would result.

The law of Moses, as laid down in the book of Leviticus, was equally stringent, and defines with great precision the relationship within which marriage is not permissible. Incest is high universally regarded as a crime, though on what grounds it is difficult to say. DARWIN, in his last work suggests that the desire of novelty first led men to seek women not of their own household, and this tendency, increasing by the process of selection, gradually grew to an invincible repugnance.

We say it is difficult to see on what grounds incestuous marriages were avoided by primitive nations; still less why the conjugal union of first cousins, uncles and nieces, etc., were condemned. For it is a strange fact that even after the numerous investigations, the repeated examination of statistics, and the impartial scrutiny of thousands and tens of thousands of cases, physicians are yet entirely disagreed as to the effect of such marriages, either on those who form them, or their offspring.

This has impressed us forcibly quite recently in reading two essays on the intermarriage of relatives, both written by men who have given the topic conscientious study, who are equally competent to pronounce an opinion, and yet who arrive at widely divergent conclusions. One of these is Dr. NATHAN ALLEN, of Lowell, Massa-

chusetts, the other Dr. F. J. BEHREND, of Berlin. The former's article appears in the *Psychological Journal* for April, that of the latter in the December number of the *Journal für Kinderkrankheiten*.

Dr. ALLEN italicises his conclusion that *cousins should not intermarry*. He bases this verdict on the belief that "there are in cousins, according to the best statistics gathered, so much of a family likeness, and so much imperfection of structure, morbidness of function or eccentricity of character, that the hereditary effects are decidedly prejudicial to offspring." In other words that the children of cousins who have married are more likely to die early, and to have some hereditary taint of body or mind than others, or else that such marriages will be wholly sterile. This belief is supported by a number of statistics, especially by those collected by Dr. BEMISS, and published in the Transactions of the American Medical Association. But he has by no means confined himself to these, though we cannot say that he has at all exhausted the materials at hand.

Nearly the same authors are quoted by Dr. BEHREND, nearly the identical statistics scrutinized. And yet with what different eyes the following summary of his views will show. He concludes thus:

"The relationship of the parents, no matter how near this may be (even to brother and sister), exerts in itself positively no injurious influence on the physical or mental character of the children, nor is it in the least a cause of sterility.

"Repeated marriages, generation after generation, between relatives, have nevertheless the effect of developing the bodily or mental weaknesses of ancestors in their descendants, and in this respect a crossing of blood becomes a necessity in order to avoid these weaknesses.

"But *per contra*, just as these weaknesses are increased by such marriages, so are physical and mental advantages, such as muscular power, courage, business tact, energy, etc. They are developed and become the rights of birth, and therefore precisely these marriages are *to be recommended* (es würde gerade solche Ehen zu empfehlen sein,) in order to keep the blood pure, and improve the family."

Now it is curious to see how from almost the same facts and figures, two writers reach diametrically opposite conclusions. In examining Dr. ALLEN's paper, he seems to have overlooked certain sources of error. The statistics in relation to deaf and dumb, and idiotic children, collected by MENIERE, BOUDIN, and BEMISS, are

open to the objection that they start from the children and go back to the parents, instead of commencing with parents and inquiring about their children. This exposes them to serious errors.

As to the charge of sterility, "nothing," says Dr. GALLARD in the *Nouveau Dictionnaire des Sciences Medicales*, "is more illusory." A comparison of all the materials at hand shows that in ordinary marriages 1 in 8 women is sterile; but between relations only 1 in 10 is sterile. Therefore so far as fecundity is concerned such marriages are advantageous.

Now let it not be replied to this that these children die early. Just the contrary. Dr. GALLARD gives the general mortality of children under seven years at 1 in 6.40; while the mortality of children under seven in marriages of consanguinity is one in 8.10. Once more heavily in favor of the union of cousins. Dr. EDWARD SMITH tells us that out of a thousand cases of consumption, he had examined, in only six was there consanguinity of parents.

Dr. BEHREND gives repeated instances of families who have for centuries married "in and in," and whose members are now remarkable for physical strength, health, and good looks. It is extremely curious that Dr. ALLEN should have so entirely overlooked these instances. Or was he unwilling to meet them? For ourselves, while expressing no opinion as to the question at issue, we must say that the American writer has by no means done away with the necessity of giving the inquiry another examination before it is definitely decided.

The Woman Question.

At a meeting of the Edinburgh University Court, held on April 19th, appeals were heard against the admission of Miss BLAKE to certain classes in the University during the coming summer session, as approved of by the Senatus. The following resolution was adopted:

"The Court, considering the difficulties at present standing in the way of carrying out the resolution of the Senatus as a temporary arrangement in the interest of one lady, and not being prepared to adjudicate finally on the question whether women should be educated in the medical classes of the University, sustain the appeals, and recall the resolution of the Senatus."

The Proceedings of the American Medical Association, at its late meeting in New Orleans, specially prepared for us by the Secretary, received too late for this number, will appear next week.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by GEO. H. NAPHEYS, M. D.

No. 13.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, now in use by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulae for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulae, and issue them in book form.

Treatment of Skin Diseases.

J. M. DA COSTA, M. D.

99. R. Ung. hydrarg. oxidi rubri,
Unguenti hydrargyri, aa ʒij.
Glycerinæ, f ʒss. M.

For psoriasis; to be rubbed in morning and evening, when there are no vesicles, after washing the parts with Castile soap. Internally,

100. R. Liquor arsenici et hydrargyri iodidi, m x.

In water, ter die, after meals. Avoid fatty articles of diet, and those highly salted. The most important thing in skin diseases is to determine, not so much their character externally, as to ascertain with what internal conditions they are associated.

In the acute stages of psoriasis the following may be used.

101. R. Cerati plumbi subacet., ʒij.
Glycerinæ, ʒi.
Cerati simplicis, ʒiv. M.

Attention should be paid to the digestive system. Then, after the acute inflammatory condition has subsided, the red precipitate ointment (No. 99) may be employed, or

102. R. Sulphuris iodidi, gr. x.
Adipis, ʒi.

To be rubbed in morning and evening. Internally, DONOVAN'S solution, as above, ter die.

* Entered according to Act of Congress, in the year 1899, by GEO. H. NAPHEYS, M. D. in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

103. R. Vini ergotæ,
Tr. cardamomi comp., aa f. ʒj. M.

Teaspoonful ter die in rheumatic purpura, together with three grain pills of VALLET's mass three times a day. In this affection the extravasation of blood depends upon an alteration in the capillaries, and not merely upon the changed condition of the blood. Therefore, remedies like ergot and digitalis, particularly the former, are indicated to act upon the capillary vessels, as well as chalybeates to improve the state of the circulating fluid.

TILBURY FOX, M. D., Lond., Physician to the Skin Department, Charing Cross Hospital, etc., etc.

104. R. Zinci oxidi, ʒij.
Calaminæ præparatæ, ʒij.
Glycerinæ, f. ʒij.
Aque rosæ, f. ʒviiij. M.

Use in eczema, generally when the surface is tender and red. The part should be lightly bandaged with this lotion, which should be used very freely so as to keep the surface moist, and exclude the air if possible. If the itching or sensation of burning is bad, the following may be used.

105. R. Potassii cyanidi, gr. iij.—v.
Adipis, ʒj. M.

In the second, or exudative stage, ointments should be generally avoided. In proportion as the heat or itching, the redness or swelling disappear, astringents should be employed, but whenever there are signs of irritation, soothing and emollient remedies should be used externally. This treatment, together with aperient tonics, generally controls the discharge. The diseased parts should be most gently handled at all times. Soap should not be used, and no friction with the clothes allowed. When the third or scaly stage is reached, it is often still highly necessary to avoid the use of any application which acts as an irritant, for irritability is one of the chief characteristics of the skin of an eczematous subject.

106. R. Creosoti, gtt. xl.
Glycerinæ, f. ʒiiij.
Aque, f. ʒvj—viiij. M.

Used in pityriasis.

107. R. Acidi carbolici, ʒij.
Glycerinæ, f. ʒij.
Aque rosæ, ad f. ʒviiij. M.

Used in ring worm of the surface especially.

108. R. Hydrarg. chlor. corros., gr. j.
Tincturæ benzoni, f. ʒij.
Aque destillatæ, f. ʒvj. M.

Used in acne; to be applied two or three times a day. This preparation, known as virgin's milk, is also recommended by HEBRA.

109. R. Argenti chloridi, gr. v.—xv.
Cerati adipis, ʒvj.

Used in psoriasis.

Prof. S. D. GROSS.

110. R. Tr. ferri chloridi, f. ʒj.
Liq. potassæ arsenitis, f. ʒiss.
Hydrarg. chlor. corros., gr. iij. M.

Thirty drops ter die, in sweetened water, through a tube, as an alterant tonic for eczema.

Prof. HEBRA.

111. R. Sulphuris, ʒj.
Alcohol, f. ʒj. M.

Used in acne; to be applied at night by means of a camel-hair pencil, after washing the face with soft-soap. It is removed in the morning, by means of soap. Cacao butter is kept on all day.

FRANK F. MAURY, M. D.

112. R. Ung. hydrarg. nitratis, ʒiss.
Olei olivæ, f. ʒiss.
Glycerinæ, f. ʒiss. M.

A pomade in eczema, etc.

THOMAS HAWKES TANNER, M. D., F. L. S., Lond.

113. R. Unguenti creasoti,
Unguenti sulphuris, aa ʒss. M.

In pityriasis and some other chronic cutaneous affections.

Drug Law in New York.

The New York Legislature has passed a law to protect the public against ignorant apothecaries' clerks. It provides, under heavy penalties, that no person shall prepare a prescription unless he has served two years' apprenticeship in a drug store, or is a graduate of a medical college, or college of pharmacy, except under the direct supervision of some person possessing one of these qualifications. The act contains other provisions to make these regulations effective, but this is the gist of the law.

Brisk Trade in Doctors.

A friend in Illinois favors us with a card of Dr. T. W—, Milwaukee, Wisconsin, who announces to the profession that the States of New York, Ohio, Michigan, Minnesota and Wisconsin, have passed laws that no person can practice medicine unless he is a graduate of some medical college, and as a diploma is *prima facie* evidence of such graduation, he offers them for sale, "*bonâ fide* and recognized throughout the world," for a very reasonable rate.

Dr. T. W—, claims to represent a medical institution chartered by the Legislature of Wisconsin, and runs a hospital and collegiate agency in Milwaukee. We have no acquaintance with

the statutes of that state, but if they do thus favor an unwhipped rascal, who makes it his business to aid other rascals to escape the laws, those statutes had better be repealed and modified as becomes a Christian commonwealth. If any of our friends will agree to give T. W—, M. D., a lift for this swindling, we will take pleasure in forwarding his full name and exact address.

Bromide of Potassium.

In the *Union Médicale* of January 21st, it is stated that the last number of the Reports of the Medico-Chirurgical Society of Bordeaux contains an account of a case of epilepsy, in which the patient, a woman, took the bromide of potassium in amounts varying from thirty grains to one ounce per diem, for a period of about one year. At the end of this time she died, as is alleged, from the debilitating effects of the salt.

Case of Asexualism.

In the proceedings of the Buffalo Medical Association we find the following case of this rare deformity reported by Dr. LITTLE. It was a *post mortem* examination on a young person known as John R., aged 25 years, of Irish parentage, born in New York, of effeminate appearance, having no beard, and never having shaved his face. Had followed the occupation of cook on board of vessels on the lakes; belonged to a military company in the city, and served in the U. S. Army two years. *Post mortem* examination revealed no organs of generation, male or female; neither penis, scrotum or testicles, vulva, vagina, uterus or ovary, but what might be called a miniature penis, not as large as that of a newborn male child. On examining it closely, outlines of labiæ could be seen.

The specimen was carefully removed for further investigation, by sawing through the pubes, and removing the parts in situ, with the bladder and part of the rectum and anus. Dr. MINER was present at the examination and perhaps has since, more carefully examined the parts, as he has the specimen in keeping for the museum of the Buffalo Medical College.

Dr. MINER editor of the *Buffalo Medical and Surgical Journal*, in which periodical the proceedings are reported, said, that he had little to add to the description of Dr. LITTLE. The subject had the general appearance and form of the female, and every one, judging from it alone, would unhesitatingly call him a woman; but upon examining the sexual region he would perhaps say, she is a man. Dr. LITTLE has said

that "examination revealed no organs of generation, male or female," and with his subsequent explanations he would endorse fully the statement. Certainly there are no developed generative organs natural to either man or woman. He had not himself, and he presumed Dr. LITTLE had not made examination sufficient to be able to say that the neighboring parts contained no rudimentary organs answering to either sex. He had thus far avoided mutilating it by dissection, being desirous of preserving its natural appearance, but dissection could be made and still cause no injury to the specimen. The penis is rudimentary, but still has a foreskin, and as felt through foreskin, a glans penis. The bladder was greatly enlarged, containing urine, which, on pressure, freely escaped through the urethra, which terminates naturally in the miniature penis. There are no testicles, unless they are to be found in the inguinal region or walls of the abdomen. There is no womb, unless it is rudimentary and entirely concealed in the tissue between the urethra and rectum; nothing like an ovary could be found in normal position. He thought it possible that careful dissection would reveal rudimentary organs which would more positively determine the sex. He mistrusted this might prove true, because it would be such a rare and perhaps unheard of anomaly, if no sexual apparatus could be found. If she was a man, she had many of the characteristics and appearances of a woman, and if he was a woman, certainly it must require most careful examination to demonstrate the presence of any of the female sexual organs. The case seemed remarkable to him, whatever might be shown by more careful examination.

Dr. WHITE remarked that the case related by Drs. MINER and LITTLE possessed great interest to the embryologist. The entire absence of genital organs, both male and female, was certainly very rare. In this instance, so far as could be discovered by the eminent gentlemen making the examination, there are no rudimentary organs of either sex. It is possible that upon a more careful inspection the rudimentary filaments may be discovered, having been arrested in their development at an early period in fetal growth. Complete absence of the uterus has been doubted by many, because a more careful study of cases recorded as authority rendered the presence of rudimentary organs of one or the other sex presumable or evident. Simply examining the living is by no means conclusive on this point. To arrive at reliable conclusions a careful *post mortem* examination is important.

A recent writer, KLOB of Vienna, says "complete absence of the uterus, especially where accompanied with defective fallopian tubes and ovaries, is rarely found except in infants with an undeveloped condition of the lower half of the body and incapable of existence. Cases of absence of the uterus with complete development of the rest of the body had been but rarely met with."

A Precocious Child.

The St. Charles (Minn.) *Herald*, of recent date, contains the following singular account of a precocious child, reported by Dr. J. H. SUDDUTH, said to be one of the most respectable physicians of that ilk. Of course, as the matter is about talking so much, it is a female child. He says:

"I was called upon a few days ago to attend a sick child, a daughter of William and Mary Jane Hearsey, living in the southwest part of St. Charles township. I found the child, aged a few days under five months very ill. After administering medicine to the child, I was startled to hear it say very distinctly, 'Mamma, baby don't want any more.' Completely nonplussed, I inquired of the mother how long the babe had talked. As though it were no unusual occurrence, she coolly said it commenced talking a few days before it was three months old! Deeply impressed with this unheard of and premature development, I watched the child with the deepest interest. It does not prattle, as is usual with infants when first trying to talk, stumbling upon and straining at words. It speaks clearly and coherently, a regular sentence that clearly expresses its thought or ideas. It seems to think, and then expresses its thoughts calmly and clearly. It seems to note the anxiety and wishes of others. A little four-year old brother was out of the house, and several members of the family inquired where he was. He soon came in, when the baby seeing him, said to the mother: 'Otty has come home.' It will lie quietly in its cradle while its mother is at work, and when it is hungry will say 'baby wants dinner,' or 'mamma take baby up,' as plainly as a child of five or six years of age. I may as well mention the fact that another of the children commenced talking at eight months old.

Japanese Dentistry.

They have dentists in Japan, who evidently do not enjoy the benefits of Dental Associations and journals. The Japanese are a remarkable people; their jugglers are unsurpassed; but commend us not to their dentists. Their manner of extracting a tooth must be tempting to their patients, and reminds one of the method of removing a rusty screw. The tooth is tapped with a mallet, until it can be extracted with the fingers; pleasantly suggestive of an amount of malleting, which we should think would not commend Japanese dentistry.

Correspondence.

FOREIGN.

PARIS, March 15, 1869.

Sulphuret of Potassium as a Remedy for Croup.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

Some time ago Mr. BARBOSA, of Lisbon, recommended sulphuret of potassium as a remedy for the croup. Dr. LABAT and several other French physicians tried it without much success, notwithstanding the striking results which Mr. BARBOSA had experienced in its employment. Dr. LABAT tried sulphuret of potassium as an expectorant to combat the dry cough, which is so dangerous a stage in a disease. Not obtaining from this specific the result which he expected, in the case of a little girl of two years of age, Dr. LABAT administered acetate of potash, which can be given in a large dose, and possesses the advantage of not having a strong flavor. He prescribed this salt in doses of 10 grammes dissolved in 120 grammes of water, to be taken by teaspoonfuls every half hour. Three hours of this treatment produced an abundant expectoration, but in this particular case the secretion becoming purulent, the child succumbed.

Convinced, however, that he had found a medicine capable of producing an abundant mucous expectoration, Dr. LABAT administered acetate of potash with proportion of 8 grammes to 120 grammes of water to a child of eighteen months, in which the cough had assumed an alarming dryness, twenty-four hours after tracheotomy. The following day mucous expectorations had reappeared and the child recovered, after a treatment of 16 grammes of acetate of potash, since this last case acetate of potash has been several times used under similar circumstances, notably by Dr. DADOW of St. Andrew's hospital at Bordeaux, and always with marked success.

Dr. LECORNAT physician to the Transatlantic Navigation Company has just published a remedy which he considers infallible for sea sickness. It consists of faradisation of the epigastrie region, accompanied by the external use of a solution of atropine.

During the first day he does not attempt to arrest vomiting, when its frequency does not pass the limits natural to the temperament of the patient. Experience has proved that if these evacuations are suddenly stopped at the commencement the result is an obstinate constipation. However, as soon as sea sickness passes the

limits of an ordinary indisposition, means of combating it should at once be sought, especially in the case of persons of an extremely nervous temperament, convulsions of a very grave nature might ensue.

When the illness assumes a serious character Dr. LECORNAT recommends friction of the epigastric region with a cloth dipped in water, which may have a little soap dissolved in it; then when this region is completely cleared of all greasy matter, he uses the following lotion:

Sulphate of atropia, 2 or 3 centigrammes.

Water, 30 grammes.

He afterwards applies a copper plate of four or five centimeters in diameter, in communication with one of the poles of a Rhumkorff's medical coil, within five or six centimetres of the navel, in an upward and outward direction, the other exciter furnished with a wet sponge, is then moved from the hollow of the epigastrium to the plate, following the direction of the curves of the stomach. Five or six applications on each side generally suffice. These should be made as near as possible to the costal cartilages, without, however, touching them. The intensity of the current should be graduated according to the susceptibility of the patient, and the violence of the vomiting. It is sometimes advisable to use a small metallic pencil instead of the plate, in order to produce an energetic rubefaction, and an efficacious revulsion.

Since 1865, when Dr. LECORNAT commenced these experiments, he has had an opportunity of repeating them in several hundred cases, on persons of both sexes and of every social position. His success has been nearly prompt and decisive.

Perhaps the means employed by Dr. LECORNAT may be equally well adapted for checking the vomiting peculiar to pregnancy, but in this case attention to the effect of electricity on the general condition of the mother and child.

General Science.

The deplorable accident which occurred a short time ago in the Place de la Sorbonne, was, as our readers are probably aware, caused by the explosion of a quantity of powder destined to charge submarine torpedoes. Since that occurrence, public attention in France has been extensively interested in the causes which brought it about, and the proper measures to be adopted to prevent the recurrence of similar accidents. The general press has given currency to the most erroneous reports of the origin of the explosion, and it is to set the matter right before the public, or at least, before that part of it best capable

of judging of the matter, that we occupy your readers' attention with this subject.

The non-scientific press universally stated that the accident was due to the spontaneous ignition of picrate of potash, a salt, according to their reports, which can be scarcely touched or heated without exploding instantly. This is a grave error, which it is of moment to rectify, for we are persuaded that in no remote future the picrates are destined to play an important part in industry. Picrate of potash is by no means the terrible salt reputed. It can be struck or heated to 300 degrees without exploding. This fact is so well established that Mr. DESIGNOLLE, inventor of a new powder into the composition of which picrate of potash enters, has been authorized to conduct his experiments in the Bouchet powder manufactory, one of the most important government mills. If the substance were as dangerous as the general press represents it, it is very unlikely that Mr. DESIGNOLLE would have obtained this privilege. The quality which has lately called attention to this salt of potash is that it produces when ignited an unusually large quantity of gas, and consequently possesses an enormous bursting power. To render its combustion complete, however, it must be mixed with nitrate or chlorate of potash, which burn the excessive carbon contained by the picric acid. With nitrate of potash the combustion of the picrate is slow, but nevertheless complete, a fact which permits its use as a constituent of an ordinary gunpowder, which is much stronger than that composed of sulphur, charcoal and nitre. With chlorate of potash it is complete and instantaneous. Picrate of potash, so combined, becomes an explosive powder, absolutely unfit for firearms, but excellent as a bomb charge, and above all for submarine torpedoes. The instantaneous explosion of the mixture of picrate and chlorate of potash, which takes place on agitating, or the slightest elevation of temperature, is due especially to the chlorate of potash, a substance which can be hammered alone, and even pulverized in an iron mortar with a pestle of 70 kilogrammes, as we have seen ourselves a hundred times. Chlorate of potash, in combination with any organic substance, such as sugar or gum, is very easily exploded. It will be easily understood then, that, when mixed with an active substance, such as picrate of potash it becomes a very sensitive composition. It is thus to the chlorate and not to the picrate of potash that the mixture of these substances owes their peculiar susceptibility to explode, but it is the picrate which gives them the really fearful bursting power which they possess.

DOMESTIC.

Spontaneous Absorption of Cataract.

EDITORS MED. AND SURG. REPORTER:

I send you the following report of a remarkable case occurring in my practice. Aside from its novelty and rarity, I have never read any account of a similar case.

Mrs. W., æt. 60 years, has been afflicted with cataract the past nine years, and was totally blind.

Three months since I was requested to see her, as she was suffering from a severe attack of neuralgia in the supra-orbital nerves upon the left side, accompanied with inflammation of the eye.

In a few days, with appropriate remedies, the symptoms were relieved, and upon the subsidence of the inflammation, she remarked that she could see the light of day. At the time I did not attach much importance to the remark, and ceased my visits.

In a few days her husband informed me that the sight was still improving, and requested me to see her again.

I called to see her, and upon careful examination, observed that the opacity of the lens had undergone a change, and that rays of light were certainly transmitted to the retina. I tested her with many different objects; she then saw but indistinctly, and remarked that she saw everything double, and it appeared to her as if she could see through the object, and there appeared a blue blaze surrounding it.

I find that she can see much better when a few drops of atropia are put in the eye, and in place of the blue blaze, everything has a reddish tinge.

This seems to me to be a case of spontaneous absorption, brought about by the perturbing influence of the neuralgia.

As the right eye was not subjected to any such influence, there is consequently no change there.

With a view to her relief, as she now seems anxious for the full restoration of her sight, I have advised an operation upon the right eye, and let the left eye alone, to see what will be the result.

At present the improvement is still going on, and she can make out the features of her family and friends who are intimate.

I would be pleased to know if any of the subscribers or readers of your journal ever had a case similar, and the result.

I shall watch this case with a good deal of anxiety and curiosity, and report the final result to your journal.

F. F. GARY, M.D.

Cokesbury, S. C., May 3, 1869.

Transfusion by Mader's Method.

EDITORS MEDICAL AND SURGICAL REPORTER:

This operation, an account of which may be found in the HALF-YEARLY COMPENDIUM for January, 1869, under the head of "New Uses for the Hypodermic Syringe," has recently been performed twice in this city, by Dr. JOSHUA G. ALLEN, Lecturer to the Philadelphia Obstetrical Institute, assisted by myself.

In the first case the operation was performed for hydræmia consequent upon uterine hæmorrhage, and although I have not been able to get details of the progress of cure, yet I am informed that the patient recovered her health in a comparatively short time. As she had not improved at all under previous tonic treatment, which had been carefully carried out, but was scarce able to move in her bed from weakness, it is at least fair to call attention to a strong probability that the infusion of new blood was the turning-point in her battle with death, and enabled the other forces of digestion, assimilation, and nutrition of the blood, to rally, and carry the day in her favor.

This case has been described to the Philadelphia Obstetrical Society by Dr. A., and is probably the first in which this method has been used in this country.

The next case was one of purpura hæmorrhagica, and, on the morning after the operation, the blood which had been coming from the patient's mouth and nose, began, for the first time, to coagulate, and it finally ceased to flow. The hæmorrhage has recurred since, but the immediate effect of the operation was undoubtedly beneficial. One of the members of his family informed me that the transfusion had perceptibly benefitted the patient; and we know that it is not often that the laity are very favorably impressed with treatment which appears somewhat formidable.

In both these cases a nervous chill took place within an hour of the injection; this, however, passed off without leading to further trouble.

The operation was conducted as follows: Two bowls were placed in water at 105° F. The one into which the blood was to be received, had to be removed from the water, for convenience, when the blood began to flow; the latter was stirred smartly with a clean wisp of broom, as it fell into the bowl; by the time enough had been procured, it was nearly sufficiently defibrinated. It was then strained through a loose texture of linen into the other bowl, which still remained in the basin of heated water. A glass syringe, holding about three ounces, was now filled with

the defibrinated blood, the sharp, detached canula being simultaneously introduced into the cephalic vein a little above the elbow by the assistant, and the syringe was then attached to the canula, and emptied. In the last case the canula was left in, while the syringe was twice filled and emptied into the vein. In the first case about three ounces of blood were injected; in the last, about seven. It is not necessary to throw in a large quantity of blood, as a moderate quantity, say six to eight ounces, has been found quite sufficient for one operation, and this generally answers every purpose in cases of pure hydræmia; but in a case given by MADER, in which transfusion was performed for cachexia attended with epistaxis, it became necessary to repeat small transfusions three times, at intervals, before the patient was cured. Dr. M. was guided in the repetitions by the return of epistaxis. The healthy blood corpuscles thrown in among those which are enfeebled by disease, or from the want of nutrition which is an attendant on anæmia, supply that modicum of *organic power* which the latter need to *grow blood* in sufficient quantity for the purposes of health. The power of the new blood added to that of the old, which barely kept life going, turns the scale, the blood-making process goes on with renewed vigor, and soon the whole system responds to the stimulus and nourishment afforded by a healthy vital fluid.

The theory that transfusion properly acts by promoting the *growth of blood*, and not merely by substitution, is strengthened by several cases observed in Germany, in which the beneficial effects did not appear till three or four days after the operation, thus allowing time for the reproduction to go on. I would rather condemn the injection of large quantities of blood, as this has often been followed by death, while it is certainly not required, and therefore improper.

By MADER's method there is no danger of getting air enough into the circulation to do harm, and the defibrinated blood, if thrown in with anything like a reasonably short interval from its escape out of the healthy individual, frees us from the dangers of coagula and dead corpuscles. It has been suggested that we lose many corpuscles, which become entangled with the fibrin, but I do not consider this of any practical importance, as enough remains for our purpose, and we gain much by being able to go through the several steps of the operation, with more care than if hurried by the fear of coagulation. As I remarked before, no time is lost by the first part of defibrination; when about nine ounces of blood have flowed into the bowl, the stirring,

which has been kept up all the time has about accomplished its purpose; and the time which is lost in straining is amply compensated by the freedom from all fear of coagula.

It is well to bind up the patient's arm, as for venesection, just about the time when the incision is made into the vein of the individual who furnishes the blood; the canula should be pushed through the integument and into the vein at one motion, as soon as it is announced that the syringe is being filled; the cephalic vein is the most convenient, but any superficial vein may be used; it is well to allow a few drops of blood to come from the canula, so as to assure ourselves that the canula is really in the vein, then loosen the tape from the patient's arm, and about this time the operator should be ready to throw in the blood. All the steps of the operation can be performed without hurry, but with *efficient haste*, before the blood is too long exposed for safe use; and in our last case a little delay even occurred in introducing the canula, but the blood remained perfectly good; and what little was left in the bottom of the bowl was apparently fit for use, though it had been exposed over five minutes.

I would recommend the use of a very *sharp* canula, about the thickness of a medium knitting needle, and slightly curved at its lower third; if not quite sharp, some difficulty will be experienced in getting into the vein as quickly as desirable.

Should any delay occur in applying the syringe after the canula is introduced, a finger applied over its outer end will keep the air from entering; if the delay is long, the canula must be removed and cleansed from clot; never attempt to insert the canula into the previous puncture, but choose a fresh spot.

The two cases above-mentioned, though not conclusive as to the final result in them, yet show us that by MADER's method this operation is robbed of its terrors and dangers; and we have sufficient testimony from other sources of the value of transfusion, if it can be safely performed.

A. A. HENNING, M D.,
U. S. Navy.

— Mr. T. HOARE, the well known banker, is building an Infirmary and Dispensary at Beckenham, Kent, England, to which baths and wash-houses will be attached for the gratuitous use of the inhabitants of the neighborhood.

— The agent of the Lyman Mills, at Holyoke, Mass., has compelled all the operatives, about 1,200 in number, to be vaccinated.

News and Miscellany.

Analysis of Lager Beer.

Prof. J. F. CHANDLER, of the School of Mines, of Columbia College, has recently concluded a series of chemical tests with lager beer, which were expressly undertaken at the request of Dr. ELISHA HARRIS, of the Board of Health, to ascertain the extent of its intoxicating properties, and the hygienic character which it has been represented to possess. His report, which will shortly be submitted to the Board, is eminently successful in proving that the qualities which have been ignorantly assigned to lager beer are only fictitious, and also that it is entirely objectionable as a drink, being like so much swill in its composition and nourishing properties. It is composed chiefly of water, with a certain amount of alcohol, enough to cause intoxication when copiously imbibed. During the brewing of the beer, which, if properly done, occupies eight months, the brew commencing in cold weather, great care has to be taken to prevent its becoming mouldy, which it sometimes does by the slightest variation in temperature. It is necessary to cool the brewing-vault in summer and warm it in winter, in order to keep it at the requisite temperature, averaging from 41 to 45 degrees Fahrenheit. Frequently, however, the weather continues to act on the beer after it has been barreled and sold to retail dealers, rendering it flat and bitter, in which condition it is very often sold as a drink. Prof. CHANDLER's analyses embraced five samples of different manufactures, which, when examined, developed trifling and unimportant differences in their quality. The following is the summarized result:

No.	Specific Gravity.	Water.	Alcohol by volume.	Extraction matter of the Malt and Hops.
1	1.008	90.75	6.25	3.00
2	1.006	89.98	4.99	5.03
3	1.008	91.59	5.39	3.02
4	1.018	89.61	4.99	5.40
5	1.005	87.16	7.74	5.10
Average	1.013	89.82	5.86	4.32

It was found that all the specimens contained small quantities of grape sugar, of cripulifine, the bitter principle of the hops; of acetic acid, (merely a trace,) produced by oxidization of some of the alcohol; and of carbonic acid gas generated during the fermentation. A most thorough examination failed to reveal any indications of the presence of picric acid, picra-toxin, (the peculiar principle of cocculus Indicus,) of alum, copperas, or any other adulteration whatever.—*N. Y. Tribune.*

Army and Navy News.

The following changes have taken place in the Medical Staff of the U. S. Army from January 1, 1869, to May 1, 1869.

RE INSTATED.—Assistant Surgeon P. J. A. Cleary, March 8, 1869.

RESIGNED.—Surgeon C. Wagner, Brevet Lieutenant Colonel, March 25, 1869.

RETIRED.—Surgeon R. C. Wood, Brevet Brigadier General, February 22, 1869.

Assistant Surgeon H. Culbertson, January 8, 1869.

WHOLLY RETIRED.—Assistant Surgeon H. C. Perry, March 30, 1869.

DIED.—Surgeon R. C. Wood, Brevet Brigadier General (retired) March 28, 1869, at New York city, of Pneumonia.

Assistant Surgeon W. A. Bradley, Brevet Major, February 27, 1869, at Point San Jose, San Francisco Harbor, of Convulsions.

Surgeon Thomas L. Smith, has been ordered to the New York Navy Yard.

Surgeons E. D. Kennedy, B. H. Kidder, and William Grier have been appointed to attend officers of the Navy not otherwise provided with medical aid at New York, Boston, and Baltimore respectively.

Surgeon T. J. Turner is detached from duty as Recorder of the Medical Examining Board, to hold himself in readiness for sea service.

— Dr. B. W. RICHARDSON has been elected Assessor in the University Court of the University of St. Andrews, in the place of Lord JERVIS-WODE.

[Notices inserted in this column gratis, and are solicited from all parts of the country: Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

CILLEY—HUBBARD.—On the 26th ult., at Sunnyside, Ky., by the Rev. H. A. Tracey, Dr. J. L. Cilley, of Cincinnati, and Miss Mary P. Hubbard, formerly of Philadelphia.

JUMP—SMITH.—In Dover, Del., on the 4th inst., by the Rev. William Pretzman, Dr. Robert P. Jump and Miss Lizzie M. Smith, only daughter of James L. Smith, Esq.

NEWTON—PEAK.—At Woodstown, N. J., April 29, by Rev. E. Green, Charles Newton, M. D., and Miss Rebecca D., daughter of Morris Peak, Esq., all of Sharpstown, N. J.

LEARY—WILLARD.—On the 28th ult., at the residence of the bride's parents, by the Rev. J. Hervey Beale, C. W. Leary, M. D., and Lizzie S. Willard, both of this city.

PIPER—JACKSON.—At the M. E. Church, Rock Island, Charles Piper, M. D., and Sarah Anna Jackson, daughter of Major S. F. Jackson, all of Moline.

DIED.

RANDOLPH.—In this city, on the 5th inst., Philip Physiok Randolph, son of the late Jacob Randolph, M. D.

OBITUARY.

Dr. Robley Dunglison.

At a stated meeting of the College of Physicians of Philadelphia, held May 5, 1869, the following preamble and resolutions were unanimously adopted:

Whereas, This College has heard, with unfeigned sorrow, of the death of Dr. ROBLEY DUNGLISON, late one of its most illustrious members, and for upward of thirty years Professor of the Institutes of Medicine in the Jefferson Medical College of this city; and *whereas*, it is meet and proper, on all suitable occasions, to recognize the just claims of the dead to the gratitude of the living, especially when, as in the present instance, they have occupied a conspicuous place in the public eye, and in the esteem of their fellow men; therefore,

Resolved, That in the death of Dr. DUNGLISON, the American medical profession has lost one of its brightest ornaments, the professional corps one of its most distinguished members, physiological science one of its most able expounders, and medical literature one of its most useful, erudite, and abundant authors.

Resolved, That as a tribute of respect to his memory, for the benefit he has conferred on his profession and his country, a discourse upon his life and character be delivered by one of the Fellows of the College, at such time as may be most convenient to himself.

Resolved, That a copy of these resolutions be transmitted by the Secretary of the College to the family of the deceased, with the expression of our condolence in their bereavement, and that the same be published in two medical journals of this city.

JOHN H. PACKARD,
Secretary of the College.

Philip Physic Randolph.

This worthy gentleman died at his residence, in the 45 year of his age. Mr. RANDOLPH was the grandson of the celebrated Dr. PHILIP SYNG PHYCIS, and his father, Dr. EDMUND RANDOLPH, was a prominent member of the medical profession. Heir to an ample fortune and high social position, the deceased devoted his wealth, his influence, and the best years of his life to alleviate the miseries and misfortunes of his less fortunate fellows. He was an active member of the Society for the Alleviation of the Miseries of Public Prisons, and one of the managers of the Colored Soldiers' Orphans' Home, at Bristol. In the discharge of his self-imposed duties at one of the prisons or the asylum, the deceased contracted the typhoid fever, and this disease hurried him to an untimely grave.

Mr. RANDOLPH was a philanthropist, zealously devoting himself to promote the welfare of his fellows; he sought neither popularity nor gratitude; he performed good and noble deeds as his simple duties.

WORDS OF CHEER.

Dr. L. W. D., of South Carolina, writes:

"Your COMPENDIUM is certainly the most complete publication of its kind I have ever seen, and I pore over its richly stored pages with eager delight and intense interest and satisfaction," etc.

Dr. J. R., of Indiana, writes:

"I have been reading medical periodicals for over thirty years, and think the REPORTER decidedly the best that I have found. I think it is nearer what the physician needs than any I have seen."

Dr. R. backs up his good opinions with three new subscribers.

QUERIES AND REPLIES.

Dr. M., of Ky.—Meigs's Obstetrics costs \$5.00.

Dr. M. C., of Mich.—We do not know the name of the judge who pronounced the decision in Chicago, that medical witnesses were entitled to the *face* of an expert. The item was culled from the *Leavenworth Medical Herald*, whose editors, we hope, will inform the profession fully about this important ruling.

Dr. W. S., of Me.—For a Practical Surgery, we know of none better than that of Prof. Gross. It has a full account of tumors. For a Practice of Medicine, we recommend you to add to those you mention, that of Prof. Bennett, of Edinburgh, republished in this country.

Dr. B., of Oregon.—Your remarks about our "running the Christian religion too much in the REPORTER," betray a mind "ill at ease." The connection between science and religion is far too close for us to ignore it. We would be but faithless representatives of any branch of science, if we did not give its handmaid, religion, its proper place. While the REPORTER is under our control, we shall endeavor, on all proper occasions, to recognize this connection.

Dr. J. J. B., of Delaware, and others.—Please observe that the photographic premiums are offered to new subscribers who pay full subscriptions, and not at commutation rates.

Dr. L. W. D., of South Carolina.—If there are any manufacturers of invalid beds in this country, they are too short-sighted to advertise, and we do not know where they are. The English journals constantly advertise such contrivances, and apparently make it pay.

Dr. J. K. S., of Pa.—"How do you account for the fact that a bee, such as the wasp, humble bee, etc., is not able to sting, or effect penetration, so far as I have experienced, with their probe or barb into the cuticle, when the subject ceases to breathe, or holds his breath?"

Your observation is entirely new to us, and equally inexplicable. We should be glad to learn whether the experience of others is like your own.

Treatment of Hematuria.

Meigs's Eds—An octogenarian, a person of remarkable vigor of constitution, about a year ago was attacked with bloody urine. The usual remedies were administered, and well persevered in, but failed to correct the abnormal discharge. But it yielded speedily to doses of acetate of lead in about four grains given every four hours, and copious draughts of lemonade. Would liquor potassae citratis have had the same specific effect? Not a symptom of the disorder has ever returned.

Hosp. Seaward C. T. S., of Montana, and others.—Dr. NAPHREY informs us that his Therapeutical Bulletin will appear in book form toward the close of the present year.

Dr. H. D. W., of Pa.—"How is it that Dr. B-henck's uterine supporter is advertised in your valuable REPORTER, the REPORTER belonging to the regular profession, and the instrument in question being a patented one? No doubt the instrument is a good one, from what I am able to ascertain, but then, if I am not mistaken, it is against the ethics of the American Medical Association to patronize patented instruments, and hence I cannot exactly reconcile the matter."

Such a question is best answered in the traditional Yankee manner—by asking another. How is it that the American Medical Association admits to its pages an article strongly in defence of patented instruments, and this, not from an individual or special committee, but from a standing committee, the responsibility of which the Association impliedly assumes? But we design ventilating this whole question sometime soon in an editorial.

METEOROLOGY.

April,	26,	27,	28,	29,	30,	M. 1,	2.
Wind.....	S. W.	W.	S. W.	N. E.	E.	N. E.	N. E.
Weather.....	Clear.	Clear.	Clear.	Rain.	Cl'dy.	Rain.	Rain.
Depth Rain..			t. & l. 8-10	6-10		7-10	13-10
Thermometer.							
Minimum.....	45°	50°	59°	55°	39°	38°	39°
At 8, A. M.....	60	69	67	61	49	49	44
At 12, M.....	70	77	75	54	58	46	43
At 3, P. M.....	72	78	77	55	59	48	45
Mean.....	61.75	68.50	69.25	56.25	51.25	45.25	42.50
Barometer.							
At 12, M.....	30.	30.	30.	30.	30.	29.9	29.4
Germantown, Pa.						B. J. LEECH.	